| UNITED S | STATES DISTR | RICT COURT |
|--|--|---|
| NORTHERN | District of | NEW YORK |
| C. EARL GRANT | | |
| m V. National Board of Medical Examiners and Federation Medical Board | | SUMMONS IN A CIVIL ACTION |
| | CASE N | UMBER: 7:07-cv-996(TJM/GJD) |
| TO: ay | | |
| TO: (Name and address of Defendant) Federation of States Med 400 Fuller Wiser Road Suite 300 Auless, TX 76039 | ical Board | |
| YOU ARE HEREBY SUMMONED a Stefan Berg, Esq. | nd required to serve on | PLAINTIFF'S ATTORNEY (name and address) |
| 309 Arnold St. Syracuse, NY 13210 | | |
| | | |
| | f service. If you fail to or answer that you serve | do so, judgment by default will be taken against you on the parties to this action must be filed with the |
| Xamence 1. Dann Clerk of Court | S DISTRICT COL | 9/27/2007 |
| As macro | DATE | |
| April L. Hudson | | |

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SAO 440 (Rev. 8/01) Summons in a Civil Action

| RETURN OF SERVICE | | | | |
|---|---|-----------------|--|--|
| Service of the Summons and complaint was made by me | DATE | | | |
| NAME OF SERVER (PRINT) | TITLE | | | |
| Check one box below to indicate appropriate meth | od of service | | | |
| ☐ Served personally upon the defendant. Place | e where served: | | | |
| ☐ Left copies thereof at the defendant's dwelli discretion then residing therein. | ng house or usual place of abode with a person of s | uitable age and | | |
| Name of person with whom the summons and complaint were left: | | | | |
| ☐ Returned unexecuted: | | | | |
| ☐ Other (specify): | | | | |
| | | | | |
| TRAVEL SERVICES | ATEMENT OF SERVICE FEES | TOTAL DO OO | | |
| | | \$0.00 | | |
| D | ECLARATION OF SERVER | | | |
| I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on | | | | |
| Date | Signature of Server | | | |
| - | Address of Server | | | |
| | | | | |
| | | | | |
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⁽¹⁾ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.